

Appendix B

**CAHPS[®] Survey for Accountable Care
Organizations (ACOs)
Participating in Medicare Initiatives**

2015 Survey Vendor Authorization Form

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CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives 2015 Survey Vendor Authorization Form

ACOs must authorize an approved CAHPS for ACOs Survey vendor to submit data on their behalf for the 2015 administration of the CAHPS for ACOs Survey. The 2015 survey covers the 2015 quality reporting period.

To authorize a survey vendor, an ACO representative must complete the CAHPS for ACOs Survey Vendor Authorization Form. The person who completes this form for the ACO will be the CAHPS for ACO Survey Administrator for that ACO. The CAHPS for ACOs Survey Administrator should be the point of contact at the ACO who would be most familiar with the use of the CAHPS for ACOs Survey.

You can submit one form for multiple ACOs. On the form itself, please print “see attached list of [insert number] ACOs” in the space provided for the ACO’s name. The list should include the ID and name of each ACO covered by the form. Be sure that the CAHPS for ACOs Survey Administrator signs and dates the form. The form must be signed and dated in the presence of a notary public, notarized, and sent to the RAND Corporation by **September 22, 2015**.

Note: When completing a CAHPS for ACOs Vendor Authorization Form affecting multiple ACOs, you may attach a list to the form signed and dated by the ACO’s Administrator.

If form is sent via U.S. Mail, address to:

RAND Corporation
ATTN: Julie Brown
CAHPS for ACOs Survey
1776 Main Street
PO BOX 2138
Santa Monica, CA 90407-2138

If form is sent via Federal Express, UPS or other overnight delivery service, address to:

RAND Corporation
ATTN: Julie Brown
1776 Main Street
Santa Monica, CA 90401

Phone: 310-393-0411, extension 6212

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives 2015 Survey Vendor Authorization Form

I, _____ (print name of designated CAHPS for ACOs Survey Administrator), acknowledge and accept the role and all of the responsibilities of the CAHPS for ACOs Survey Administrator for _____ (print name of ACO and ACO ID). For multiple ACOs, print “see attached list of [insert number] ACOs.”

In this role I will be responsible for:

- 1) Designating another individual within the organization as the Back-up Administrator.
- 2) Authorizing a survey vendor to collect and submit data on behalf of _____ (print name of ACO or “see attached list”).
- 3) Notifying CMS and RAND immediately if the ACO revokes their authorization of a survey vendor.
- 4) Serving as the main point of contact with the CAHPS for ACOs Survey Project Team.
- 5) Notifying the CAHPS for ACOs Survey Project Team if my role as the CAHPS for ACOs Survey Administrator for the ACO is no longer valid and identifying my successor.

By signing this form, I authorize _____ (print survey vendor name) to collect data for the ACO I represent as part of the 2015 administration of the CAHPS for ACOs Survey and to submit data to CMS on behalf of the ACO.

ACO Administrator first and last name: _____

ACO Administrator signature: _____

ACO Administrator title: _____

ACO Administrator phone number: (_____) _____

ACO Administrator email address: _____

ACO Administrator mailing address: _____

City: _____ State: _____ Zip code: _____

Back-up Administrator first and last name: _____

Survey Vendor name/address: _____

Notary Public signature: _____

Seal: _____

Date notarized: _____